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06/08/2004

PRAXAIR, INC.
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DANBURY, CT 06810-5113

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Julie Turner	(Depositor's name)
<i>Julie Turner</i>	(Signature)
Sept 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/846,233	05/02/2001	Benjamin Bikson	D-21105	7389

TITLE OF INVENTION: HOLLOW FIBER MEMBRANE GAS SEPARATION CARTRIDGE AND GAS PURIFICATION ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPITZER, ROBERT H	1724	095-051000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Linda K. Russell

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

L'Air Liquide, Societe Anonyme A Directoire
et Conseil De Surveillance Pour L'Etude Et

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paris, France

L'Exploitation Des Procèdes Georges Claude

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual☒ corporation or other private group entity☐ government

4a. The following fee(s) are enclosed:

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-1375 (enclose an extra copy of this form).

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(Authorized Signature)

Linda K. Russell

Sept. 2, 2004

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09/08/2004 RMEBRAH1 00000042 011375 09846233

01 FC:1501

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